



Next of Kin register – Department of _____
(This information will not be included in any database; it will be kept in a binder at the administration)

Name Division

I wish that the following person(s) should be contacted in an emergency:

1. _____
Name Relation

Home phone Work phone Mobile phone

E-mail

2. _____
Name Relation

Home phone Work phone Mobile phone

E-mail

I do not wish to disclose this information

I am aware that I am responsible for keeping this information updated so that the right person(s) can be contacted.

Date Signature (of the employee) Name in capital letters

Address

Post code

Home phone

Mobile phone